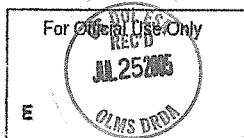


FORM LM-30

LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved
Office of Management
and Budget
No. 1215-0188
Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - <u>4049</u>	2. Fiscal Year Covered From: 1 / 1 / 2004 Through: 12 / 31 / 2004
3. Name and address of person filing. Name Gary B Cook P.O. Box, Bldg., Room No., if any p.o. box 432 Street 133 Park St. City Livermore Falls State Maine ZIP Code + 4 04254	4. Name, file number, and address of labor organization. Name Paper Allied Industrial Chemical and Energy wo Labor Organization File Number 000-318 P.O. Box, Building and Room Number, if any p.o. box 1475 Street City Nashville State Tennessee ZIP Code + 4 37211
5. Position in labor organization. Vice-President Regional Director	

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
6. Name and address of Employer (including trade name, if any). Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4	7.a. Nature of Interest, Transaction, or Income. 7.b. Amount.

Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)		
Signed <u>Gary B Cook</u>	On <u>7/13/2004</u> Date	<u>207-897-4064</u> Telephone Number

Name of Person Filing Gary Cook	File Number U-
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B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

<p>8. Name and address of Business (including trade name, if any).</p> <p>Name Alliance Bernstein</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street 1345 Avenue of the Americas</p> <p>City New York</p> <p>State New York ZIP Code + 4 10105-0096</p>	<p>9. Business deals with:</p> <p><input type="checkbox"/> a. Labor Organization</p> <p><input checked="" type="checkbox"/> b. Trust</p> <p><input type="checkbox"/> c. Employer</p>
<p>10. If 9.b. or 9.c. is checked give trust or employer's name.</p> <p>Name Pace Benefits Fund</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street 3320 Perimeter Hill Dr.</p> <p>City Nashville</p> <p>State Tennessee ZIP Code + 4 37211-4123</p>	<p>11.a. Nature of such dealing.</p> <p>money manager</p>
	<p>11.b. Approximate dollar value of such dealing. \$252,000,000</p>
	<p>12.a. Nature of interest held or income received.</p> <p>dinner 6/21/2004</p>
	<p>12.b. Amount. \$85</p>

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

<p>13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).</p> <p>Name</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street</p> <p>City</p> <p>State ZIP Code + 4</p>	<p>14.a. Nature of payment.</p>
<p>13.b. Is the Business an Employer <input type="checkbox"/> or Consultant <input type="checkbox"/> ?</p>	<p>14.b. Amount of payment.</p>

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Part B Continuation Page

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name Bank of New York

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 1 Wall St.

City New York

State New York ZIP Code + 4 10286

9. Business deals with:

☐ a. Labor Organization

☒ b. Trust

☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name Pace Benefits Fund

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 3320 Perimeter Hill Dr.

City Nashville

State Tennessee ZIP Code + 4 37211-4123

11.a. Nature of such dealing.

master custodian

11.b. Approximate dollar value of such dealing. \$540,000,000

12.a. Nature of interest held or income received.

dinner 6/22/2004

12.b. Amount. \$225

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Part B Continuation Page

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8. Name and address of Business (including trade name, if any).

Name ICC Capitol Management, Inc.

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 390 North Orange Ave. 27th floor

City Orlando

State Florida

ZIP Code + 4 32801

9. Business deals with:

☐ a. Labor Organization

☒ b. Trust

☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name Pace Benefits Fund

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 3320 Perimeter Hill Dr.

City Nashville

State Tennessee

ZIP Code + 4 37211-4321

11.a. Nature of such dealing.

money manager

11.b. Approximate dollar value of such dealing.

\$149,000,000

12.a. Nature of interest held or income received.

dinner 6/23/2004

12.b. Amount.

\$122

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Part B Continuation Page

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8. Name and address of Business (including trade name, if any).

Name MassMutual

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 1259 State St

City Springfield

State Massachusetts ZIP Code + 4 01111

9. Business deals with:

☐ a. Labor Organization

☒ b. Trust

☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name Pace Benefits Fund

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 3320 Perimeter Hill Dr.

City Nashville

State Tennessee ZIP Code + 4 37211-4321

11.a. Nature of such dealing.

money manager

11.b. Approximate dollar value of such dealing. \$108,866,000

12.a. Nature of interest held or income received.

Dinner 6/24/2004 and co/hosted dinner 11/16/2004

12.b. Amount. \$240

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Part B Continuation Page

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<p>8. Name and address of Business (including trade name, if any).</p> <p>Name Weaver Barksdale</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street Two Creekside Crossing Suite 450</p> <p>City Brentwood</p> <p>State Tennessee ZIP Code + 4 37027</p>	<p>9. Business deals with:</p> <p><input type="checkbox"/> a. Labor Organization</p> <p><input checked="" type="checkbox"/> b. Trust</p> <p><input type="checkbox"/> c. Employer</p>
<p>10. If 9.b. or 9.c. is checked give trust or employer's name.</p> <p>Name Pace Benefits Fund</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street 3320 Perimeter Hill Dr.</p> <p>City Nashville</p> <p>State Tennessee ZIP Code + 4 37211-4321</p>	<p>11.a. Nature of such dealing.</p> <p>money manager</p>
	<p>11.b. Approximate dollar value of such dealing. \$140,000,000</p>
	<p>12.a. Nature of interest held or income received.</p> <p>dinner 11/14,2004</p> <p>12.b. Amount. \$77</p>

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<p>8. Name and address of Business (including trade name, if any).</p> <p>Name Security Assets management, Inc</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street 65 East 55th ST</p> <p>City New York</p> <p>State New York ZIP Code + 4 10022</p>	<p>9. Business deals with:</p> <p><input type="checkbox"/> a. Labor Organization</p> <p><input checked="" type="checkbox"/> b. Trust</p> <p><input type="checkbox"/> c. Employer</p>
<p>10. If 9.b. or 9.c. is checked give trust or employer's name.</p> <p>Name Pace Benefits Fund</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street 3320 Perimeter Hill Dr.</p> <p>City Nashville</p> <p>State Tennessee ZIP Code + 4 37211-4321</p>	<p>11.a. Nature of such dealing.</p> <p>money manager</p>
	<p>11.b. Approximate dollar value of such dealing. \$148,000,000</p>
	<p>12.a. Nature of interest held or income received.</p> <p>co/hosted dinner 11/15/2004</p> <p>12.b. Amount. \$90</p>

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Part B Continuation Page

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<p>8. Name and address of Business (including trade name, if any).</p> <p>Name Thompson Siegel & Walmsley</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any p.o. box 6883</p> <p>Street</p> <p>City Richmond</p> <p>State Virginia ZIP Code + 4 23230-0883</p>	<p>9. Business deals with:</p> <p><input type="checkbox"/> a. Labor Organization</p> <p><input checked="" type="checkbox"/> b. Trust</p> <p><input type="checkbox"/> c. Employer</p>
<p>10. If 9.b. or 9.c. is checked give trust or employer's name.</p> <p>Name Pace Benefits Fund</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street 3320 Perimeter Hill Dr.</p> <p>City Nashville</p> <p>State Tennessee ZIP Code + 4 37211-4321</p>	<p>11.a. Nature of such dealing.</p> <p>money manager</p>
	<p>11.b. Approximate dollar value of such dealing. \$150,000,000</p>
	<p>12.a. Nature of interest held or income received.</p> <p>co/hosted dinner 11/15/2004</p> <p>12.b. Amount. \$90</p>

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Part B Continuation Page

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<p>8. Name and address of Business (including trade name, if any).</p> <p>Name Bank of America</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street 414 Union St</p> <p>City Nashville</p> <p>State Tennessee ZIP Code + 4</p>	<p>9. Business deals with:</p> <p><input type="checkbox"/> a. Labor Organization</p> <p><input checked="" type="checkbox"/> b. Trust</p> <p><input type="checkbox"/> c. Employer</p>
<p>10. If 9.b. or 9.c. is checked give trust or employer's name.</p> <p>Name Pace Benefits Fund</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street 3320 Perimeter Hill Dr.</p> <p>City Nashville</p> <p>State Tennessee ZIP Code + 4 37239</p>	<p>11.a. Nature of such dealing.</p> <p>money manager</p>
	<p>11.b. Approximate dollar value of such dealing. \$2,300,000</p>
	<p>12.a. Nature of interest held or income received.</p> <p>co/hosted dinner 11/16/2004</p> <p>12.b. Amount. \$100</p>